** CONFIDENTIAL**

**Holbrook Junior Senior High School**

**Medical Information Form**

Study tours can create medical stresses not generally encountered by students attending school locally due to differences in language, culture, activity, living quarters, and in some instances, a lack of access to comparable medical assistance/facilities. We require that all students participating in a study tour program complete this medical form. If medical treatment is necessary during travel, personnel leading the study tour will refer to this form; therefore, full disclosure is important for proper care in the case of an emergency. These forms will remain completely confidential and will only be accessed in an emergency, at which time the form will be provided directly to medical personnel.

***Contact Information:***

|  |  |
| --- | --- |
| Student Name and Date of Birth | Name:  DOB: |
| Student’s Address |  |
| Parents’/Guardians’ Names and Phone Numbers | Name(s):  Cell Phone(s):  Home Phone(s): |
| Primary Emergency Name & Phone Numbers | Primary Name:  Cell Phone:  Home Phone: |
| Secondary Emergency Name & Phone Numbers | Secondary Name:  Cell Phone:  Home Phone: |
| Primary Care Physician | Name(s):  Office Number: |
| Accident and Medical Insurance  Note: Basic medical and travel insurance is required and included in all study tour fees. | Policy Holder:  Insurance Company:  Employer of Policy Holder:  Group and Policy Number(s): |

***Medical Information:*** *The information requested is confidential and is for use by the travel group leader in case of illness or an emergency.*

| **#** | **Question** | **Medical Background** |
| --- | --- | --- |
| **1** | Does your student wear contacts or glasses? |  |
| **2** | Does your student have any food restrictions or allergies that we should be aware of? |  |
| **3** | Is your student taking any prescription medication? Any over the counter medication? |  |

|  |  |  |
| --- | --- | --- |
| **4** | If so, please list the prescriptions and the over the counter medications that the student will be bringing on the trip. Let us know if s/he needs reminders to take them.  \*Recommendation: Students bring their own OTC medications (ie Tylenol or Sudafed) because chaperones are not permitted to disperse any medications. |  |
| **5** | Is your student currently being treated for any medical (including mental) illness that you feel is important to share with the group leader for the safety of your student? If so, please describe. |  |
| **6** | Is there any medical history or other medical concerns that you would like the group leader to be aware of in order to maximize your student’s safety on this trip? |  |

**Study Tour to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates of Travel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***MEDICAL RELEASE****: I have voluntarily completed this form and shared medical information to support safety precautions for the study tour participant named on this form. By signing below, I am granting permission for the medical information on this form to be provided to medical personnel, as deemed appropriate by the group leader, or by a chaperone if necessary, during study tour travel. In case of medical need, the study tour group leader parental/guardian has permission to admit the student identified on this form to the hospital or to contract with a physician for diagnosis and/or treatment. The group leader, or a designated chaperone, is also authorized by the Undersigned, to carry student medical information and share it with medical personnel in case of a medical emergency. The Undersigned assumes full financial responsibility for such diagnosis and/or medical treatment and to indemnify Holbrook, its agents and employees against all such claims.*

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**Student Name (Print)**

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**Student Signature Date**

***Parent/Guardian’s Signature (required if participant is under 18 years of age)***

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**Parent / Guardian Name (Print)**

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**Parent / Guardian Signature Date**